



Sub-Grant Reimbursement Instructions

Reimbursement claims shall be submitted monthly.

- 1. In the Grant Agreement, Exhibit B (Statement of Work) and Exhibit C (Sub-Grant Budget) detail the specific activities and costs that are reimbursable by the Office of the Secretary of State/Washington State Library (OSOS/WSL).
- 2. Costs incurred for activities outside of the approved Statement of Work and Budget, or costs which exceed the approved Budget are the responsibility of the sub-grantee.
- 3. As stated in the Grant Agreement under the heading Period of Performance, all claims against this grant agreement must be made by December 31st.
- 4. Claims for reimbursement must be made using the WSL Sub-Grant Reimbursement Claim Form, GRANTS-001.
 - Column A, Grant Total Awarded—Transfer the budget figures from the grant agreement (Exhibit C, Sub-Grant Budget)
 - Column B, All Prior Claims—List the total of your previous claims in each category
 - Column C, This Claim—List current costs being claimed in each category
 - Column D, Grant Balance Remaining—Total each line across to determine remaining funds available in each category
- 5. The Performance Status Report section on the reimbursement claim form refers to the Tasks that are listed in Exhibit B (Statement of Work) of the grant agreement. If, for example, four of eight tasks have been completed, then these numbers are entered into the Performance Status Report section and a percentage is calculated (50%).
- 6. Documentation of the claimed costs must be attached. Documentation includes the following:
 - For salaries and benefits:
 - Signed timesheets and
 - Official accounting system payroll report or copy of warrant(s)
 - For purchases:
 - A copy of the official accounting system disbursement/expenditure report or copies of vendor endorsed payment instruments, and
 - A copy of the invoice from the service provider/vendor

Please note: The more clearly the costs incurred and the payments associated with the grants are identified, the more quickly the claim is processed.

- 7. Claims must be signed by the Project Manager identified in the application and contract, as well as the Fiscal Agent (or their designee).
- 8. Make copies of the completed claim form for your files.
- 9. Mail original claim form and documentation to:

EAOP Grants Program Washington State Library PO Box 42460 Olympia, WA 98504-2460

WASHINGTON STATE LIBRARY SUB-GRANT REIMBURSEMENT CLAIM FORM

Submit one original, along with one complete set of back-up documentation to EAOP Grants Program, Washington State Library, PO Box 2460, Olympia, WA 98504-2460.

Sub-Grant Recipient Name (Organization) Mailing Address:				Sub-Grant Recipient's Claim #:(#1, #2, #3, etc.)		
#	BUDGET CATEGORY (Only enter nearest whole dollar)	Grant Total Awarded A.	All Prior Claims B.	This Claim C.	Grant Balance Remaining D.	
01	All Staff Salary, Wages and Benefits	\$	\$	\$	\$	
02	Contracts with Others	\$	\$	\$	\$	
03	Travel and Training	\$	\$	\$	\$	
04	Equipment under \$5,000	\$	\$	\$	 \$	
05	Equipment \$5,000 and over	\$	\$	\$	\$	
06	Expendable Supplies or Materials	\$	\$	\$	\$	
07	Other Itemized:	\$	\$	\$	\$	
	TOTALS	\$	\$	\$	\$	
govern the in that s proce- audit (listed Princi Princi Princi terms above	e below designated agents, we are authing body to obligate it to financial liabilititegrity of the official accounting system a ystem provides. We declare that the nedures are followed to assure conformant standards and compliance with the pel at 45 CFR 1183) and specifically with ples for State and Local Governments, ples for Private Non-profit Organizations, ples for Educational Institutions or 48CF ples and Procedures, as applicable. This and conditions of the WSL federally further, the "Performance Status Reposition of the WSL federally further is current through	es and are accountable for nd the financial statements cessary fiscal policies and the with generally accepted ritinent Federal regulations OMB Circular A-87, Cost OMB Circular A-122, Cost OMB Circular A-21, Cost F. Part 31, Contract Cost claim meets the contracted nded agreement identified	# Activities of Total # Activities (Example: 3 Work complement)	# Activities or Objectives Met (
(Date)			Program Ap	\$Program Approval		
GRAN	NTEE SIGNATORIES:		Date	Date		
Projec	ct Manager:	Date:	Program Inc	dex / Project Code		
Fiscal	Agent:	Date:	EODM DIST	POSITION: Sub grants	oo makaa cany far thair filos	

FORM DISPOSITION:

Sub-grantee makes copy for their files, original to OSOS/WSL EAOP Grants Program.